

Volume 14, Issue 1/2012 - Cover Story

Supporting Clinical Governance Development

As part of the communications strategy the need for succinct information on clinical governance was identified. This article provides an overview of the clinical governance development material prepared for this purpose. The objective was to inform the wider health community of the vision, benefits and guiding principles for clinical governance along with gaining momentum and support for implementation of the processes.

The Irish Example

Ireland, similar to many other countries, has experienced a number of high profile adverse incidents that clearly identified deficits in healthcare. A number of incidents resulted in commissions of enquiry, expert reviews or investigations, each identifying the impact of inadequate clinical governance arrangements. In 2010 the Health Service Executive signed the *Patient Safety First* declaration. Through participation in this initiative, those involved committed to play their part in improving the safety and quality of healthcare services. The current focus on clinical governance development arises from this commitment.

The Irish Government, elected in 2011, has committed to further changes to the governance and structure of the health system and therefore the reform programme continues. The plan is for the: Establishment of an integrated care agency and a hospital care purchase agency; introduction of trust boards for networks of hospitals; and a model of universal health insurance (UHI) to be implemented over a ten-year period. Similar to other European countries, Ireland is facing the most challenging financial conditions ever in the history of the State. In the current economic climate there is the possibility that the drive to restructure healthcare and cut health costs may compromise good governance. It is imperative that in a restructuring and cost containment environment the spotlight is equally placed on clinical governance which must form a central part of the corporate governance arrangements for the health system. In order to achieve this, organisational structure and process that support clinical governance must be clearly defined, implemented and monitored.

What is Clinical Governance?

Clinical governance is not a new term. It was first introduced by the World Health Organisation in 1983 and widely adopted in the UK, Australia, New Zealand and Canada in the late 1990s. A key characteristic of clinical governance is a culture and commitment to agreed service levels and quality of care to be provided. In Ireland clinical governance is described as a framework through which healthcare teams are accountable for the quality, safety and satisfaction of patients in the care they deliver. It is built on the model of the chief executive officer or equivalent working in partnership with the clinical director, director of nursing/midwifery and service/professional leads. For healthcare staff this means specifying the clinical standards you are going to deliver and showing everyone the measurements you have made to demonstrate that you have done what you set out to do. Formalised governance arrangements ensure that everyone working in the health and personal social services are aware of their responsibilities, authority and accountability and work towards achieving improved patient outcomes. Effective governance recognises the inter-dependencies between corporate and clinical governance across the service and integrates them to deliver high quality, safe and reliable healthcare.

Clinical Governance Vision

It is anticipated that the further development, implementation and ongoing commitment to clinical governance in the Irish health system will create an environment where each individual as part of a team:

- Knows the purpose and function of leadership and accountability for good clinical care;
- Knows their responsibility, who they are accountable to and their level of authority;
- Understands how the principles of clinical governance can be applied in their diverse practice; and
- Consistently demonstrates a commitment to the principles of clinical governance in decision-making.

Clinical governance should create a culture of trust, openness, respect and caring and should be evident among managers, clinicians staff and patients and it should be embedded within the overall corporate governance arrangement for the statutory and voluntary health and personal social services in realising improved outcome for patients.

Benefits of Clinical Governance Development

Clinical governance helps ensure people receive the care they need in a safe, nurturing, open and just environment arising from corporate accountability for clinical performance. The benefit of clinical governance rests in improved patient experiences and better outcomes in terms of quality and safety. This has resulted in the clinical governance approach being widely adopted internationally.

Guiding Principles for Clinical Governance Development

To assist health services providers a suite of ten principles for good clinical governance, for the Irish health context, have been developed with a title and descriptor. The principles developed by an interdisciplinary working group were reviewed for comprehensiveness, clarity and usefulness by health managers, clinical directors, senior nurses and midwives, health and social care professionals and patient groups. It is proposed that the principles inform each action and provide the guide for managers and clinicians in choosing between options, when making decisions. It is recommended that each decision (at every level) in relation to clinical governance development be tested against the principles set out in Figure 1 and described in Table 1.

Clinical Governance Development Matrix

The matrix is designed to assist discussions on clinical governance (see Figure 2). It is based on the principles, required structures, process and anticipated outcomes of good clinical governance. The matrix is surrounded by the structures. Across the top are the core processes (in blue) required to drive effective clinical governance. On the left side are the guiding principles (in red). On the right are the patient outcomes in terms of care, experience and service improvement. For each department/hospital directorate it is anticipated that the interdisciplinary team will discuss whether the principles are reflected in how the clinical governance structures and processes operate. It is not intended that text be inserted in each cell of the matrix as this is a guide to discussion.

Conclusion

A bottom up and top down approach is being used to further clinical governance development in supporting the national clinical programmes by providing a clinical governance checklist for use across the 32 programmes. The completion of the checklist assists the clinical leads in determining their clinical governance arrangements. At the same time we are working closely with front line staff in the use of an assurance check as a means of determining their clinical governance arrangements. Further support documents are currently under development. The mantra for clinical governance development is we are all responsible and together we can create a safer healthcare system.

Acknowledgement

With thanks to the members of the steering group, international reference panel and working group for clinical governance development. Their contribution is central in advising on the initiative, the preparation of the materials and piloting their use in practice.

Published on : Tue, 21 Aug 2012